

DENTISTRY – CLINICAL LIMITED CERTIFICATION OF APPOINTMENT TO AN ACADEMIC POSITION

Authority: 1978 PA 368

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number	
Hospital Name			
Hospital Street Address			
City	State	Zip Code	
Program Name		Program Start Date	
<p>Choose One:</p> <p style="margin-left: 40px;">I am continuing my academic appointment in the same program at the same location.</p> <p style="margin-left: 40px;">I am continuing my academic appointment, but will transfer to a new hospital and/or program as indicated above.</p>			
_____ Signature of Director of Medical Education		_____ Date	